

STATE OF CALIFORNIA
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
OFFICE OF PROBLEM GAMBLING
REQUEST FOR PROPOSALS (RFP)

ADP-RFP-04-11

2005 Prevalence Study of Problem Gambling in California

SYNOPSIS

This is a Request for Proposals (RFP) to conduct a statewide prevalence study of problem gambling in California. The prevalence study will measure and assess the extent and impact of problem gambling in California.

The Department of Alcohol and Drug Programs' (ADP) Office of Problem Gambling (OPG) is requesting proposals for researching the current prevalence of gambling in California, focusing exclusively on the adult population. Sufficient detail identifying prevalence in age, gender, ethnicity, gambling venues, disabilities, locations of residence, and special language needs is required in order to design general and targeted awareness/prevention campaigns and client identification strategies.

The study must provide information regarding the public's knowledge of available resources for addressing gambling problems, an estimate of the number of individuals by residence, age, gender, and ethnicity who are in need of problem gambling treatment and who would pursue publicly funded treatment if available, and their perceived barriers to seeking treatment for gambling problems.

Bids should be submitted for an amount up to, but not to exceed \$2,000,000, with a contract period of 24 months. The bidder may be a for-profit organization, a public organization, or private nonprofit organization, must be in good standing, and must comply with nondiscrimination and drug-free workplace requirements. The bidder may reside within (in-state) or outside of California (out-of-state).

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1.0 GENERAL INFORMATION

1.1 Definitions

See Attachment I for a listing of definitions and concepts related to this RFP.

1.2 Goal

It is the goal of the Office of Problem Gambling (OPG) to have current information on adult gambling activities and the prevalence of at-risk, problem and pathological gamblers, as it pertains to legalized gambling, by conducting a statewide prevalence study.

The responsibilities of the Prevalence Study Contractor (Contractor) are to design and implement a prevalence study that fulfills the following problem gambling prevalence study objectives:

- A. Estimate the current prevalence of at-risk, problem and pathological gamblers within California's general adult population (18 to 64 years of age) and between genders, by age, ethnicity, geographic location, degree of alcohol or other drug use, employment status, household income, type of physical disability, by primary gambling venue, and by primary language used in day-to-day activities. (Note: Collected data must be configured and stored, for future use by OPG, to allow for the ability to cross-tabulate among various demographic characteristics.)
- B. Estimate the current prevalence of at-risk, problem and pathological gamblers within California's adult population, 65 years of age or older, and between genders, by age, ethnicity, geographic location, degree of alcohol or drug use, employment status, household income, type of physical disability, by primary gambling venue, and by primary language used in day-to-day activities. (Note: Collected data must be configured and stored, for future use by OPG, to allow for the ability to cross-tabulate among various demographic characteristics.)
- C. Determine if a relationship exists between at-risk, problem and pathological gambling, and environmental factors.
- D. Collect and analyze data related to the following issues:
 - 1. Use of prescription drugs, specifically for sleep, pain relief, anxiety and depression, among each of identified adult groupings: nongamblers and non-problem, at-risk, problem and pathological gamblers.
 - 2. Source of gambled funds (ATMs, bankcards, borrowing, redirecting funds from critical family budget items, etc.).
 - 3. Age of first gambling experience and gambling activity.
 - 4. The extent to which individuals have someone within their immediate circle of family and friends that they believe has a gambling problem.

5. Gambling frequency and amount of funds gambled, funds lost, debt accumulated, and preferred gambling venue.
6. The level of awareness of a toll-free help line for problem gamblers and concerned others.
7. Current involvement in treatment due to problem gambling and/or involvement in Gamblers Anonymous (12-step group).
8. Problem and pathological gamblers who would likely take advantage of publicly funded problem gambling treatment if it was made available.
9. Perceived barriers to seeking help due to problem gambling.
10. Identify suggested responses for reducing or otherwise addressing problem gambling among families or communities.
11. The types of health, mental health, employment, financial, and interpersonal problems resulting from gambling.
12. The number of years the individual has lived in the United States.

The Department of Alcohol and Drug Programs (ADP) will contract with an appropriate organization that, through the organization's proposal, demonstrates the necessary level of skills, abilities, and knowledge required to develop and implement a prevalence study that will measure and assess the extent and impact of problem gambling in California.

For informational purposes, a copy of sample prevalence Research and Evaluation Questions is included as Attachment VI.

1.3 Status of Bidder

The bidder and any of the bidder's subcontractor(s) may be either a for-profit organization, a public organization, or a private nonprofit organization and must be in good standing with the State of California and the Federal Government. Private nonprofit organizations must include evidence of their organization's nonprofit status with their proposal. See RFP Section 5.2C for acceptable evidence of an organization's nonprofit status.

1.4 Background and Situation Overview

Legal gambling in California includes parimutuel horse race wagering, a state lottery, commercial card rooms, tribal casinos, and charitable gambling. Other types of gambling available to California residents include casino gambling in Nevada and other out-of-state locations and gambling on cruise ships. Charitable gambling, primarily small-stakes bingo, is regulated by local governments and represents the smallest segment of the California gambling industry.

During the last 20 years, both in the United States (U.S.) and internationally, a substantial change in the legal status of gambling and in public attitudes toward gambling has been noted. For most people, gambling is a form of entertainment with manageable social and financial costs. However, as the availability of legal gambling has increased, a growing number of individuals with severe difficulties related to their gambling have come to the attention of mental health

professionals. *Pathological gambling* is a recognized mental disorder, characterized by a pattern of continued gambling despite negative physical, psychological and social consequences (American Psychiatric Association, 1994). Current epidemiological research suggests that between 1% and 2% of the U.S. adult population can be classified as pathological gamblers, a percentage that is similar to the prevalence of schizophrenia in the general population. An additional 2% to 3% of the U.S. adult population experience substantial problems related to their gambling but do not meet the diagnostic criteria for the recognized disorder of pathological gambling (Gerstein et al, 1999; Welte et al, 2001). Such individuals are most often referred to as *problem gamblers*.

Some of the impacts that problem and pathological gamblers may experience include psychological difficulties such as anxiety, depression, guilt, exacerbation of alcohol and drug problems and attempts at suicide, as well as stress-related physical illnesses such as hypertension and heart disease. Interpersonal problems include arguments with family, friends and co-workers and breakdown of relationships, often culminating in separation or divorce. Job and school problems include poor performance, abuse of leave time and loss of job. Financial effects loom large and include reliance on family and friends, substantial credit card debt, unpaid creditors and bankruptcy. From a public health perspective, it is also worth noting that family members of problem gamblers experience substantial physical and psychological difficulties (Abbott & Volberg, 2000; Daghestani, Elenz & Crayton, 1996).

From a public health perspective, problem gamblers, as well as those who score even lower on problem gambling screens (sometimes referred to as *at-risk* gamblers), are of as much concern as pathological gamblers because they represent a much larger proportion of the population than problem and pathological gamblers. Problem gamblers and at-risk gamblers are also of interest because of the possibility that their gambling-related difficulties may become more severe over time. Problem and at-risk gamblers are of further interest because of the likelihood that their gambling can be more easily influenced by changes in social attitudes and public awareness (Castellani, 2000; Shaffer, Hall & Vander Bilt, 1999).

As a result of Assembly Bill 673 (Statutes of 2003), ADP was authorized to establish OPG. The first priority of OPG, set forth by the Legislature, is to develop a problem gambling prevention program consisting of all of the following activities and services:

- A toll-free telephone service for immediate crises management and containment with subsequent referral of problem and pathological gamblers to health providers who can provide treatment for gambling-related problems and to self-help groups.
- Public awareness campaigns that focus on prevention and education among the general public including, for example, dissemination of youth oriented preventive literature, educational experiences, and public service announcements in the media.

- Empirically driven research programs focusing on epidemiology/prevalence, etiology/causation, and best practices in prevention and treatment.
- Training of health care professionals and educators, and training for law enforcement agencies and nonprofit organizations in the identification of problem gambling behavior and knowledge of referral services and treatment programs.
- Training of gambling industry personnel in identifying customers at risk for problem and pathological gambling and knowledge of referral and treatment services. (Welfare and Institutions Code Section 4369.2 (a).)

In designing and developing the overall program, ADP will do all of the following:

- Develop a statewide plan to address problem and pathological gambling.
- Adopt any regulations necessary to administer the program.
- Develop priorities for funding services and criteria for distributing program funds.
- Monitor the expenditures of state funds by agencies and organizations receiving program funding.
- Evaluate the effectiveness of services provided through the program.

The Legislature established as the first and highest priority of OPG, with respect to the use of any funds appropriated, the development of a statewide plan. (Welfare and Institutions Code Section 4369.3.)

As part of statewide planning purposes to address problem gambling in California, OPG has identified as a priority the need for a current prevalence study. The only available problem gambling prevalence study that provided California-specific information on problem gambling prevalence was a national study completed in 1990 by the National Institute of Mental Health.

1.5 Funding Period

The contract period is for 24 months from the time of contract start-up.

1.6 Contract Terms and Conditions

- A. Following the selection process to determine which bidder, if any, is to be an award recipient, a contract will be prepared between the selected bidder and ADP's Office of Problem Gambling. The contract will be based upon the Technical Proposal, Bid Proposal, all criteria contained in this RFP, the State Administrative Manual, the State's General Terms and Conditions (GTC 103) that may be viewed at: <http://www.ols.dgs.ca.gov/Standard+Language/default.htm> on the Internet, and applicable provisions of the Government Code, the Public Contract Code and any Federal requirements. Attachment II, Significant Contract Terms, lists other provisions that will be included in the contract.

ADP does not accept alternate contract language from a prospective Contractor. A proposal with such language will be considered a counter proposal and will be rejected. No oral understanding or agreement shall be binding on either party.

- B. Upon award of the Agreement, Contractor must complete and submit to the awarding agency the payee Data Record (STD 204, Rev. 6/2003) to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. This form can be found at www.documents.dgs.ca.gov/osp/pdf/Std204.pdf on the Internet under the heading Standard Forms, Fill & Print Standard eForms. No payment shall be made unless a completed STD 204 has been returned to the awarding agency. This document is required only if it is not already on file with awarding agency.
- C. Upon award of the Agreement, Contractor must sign and submit to ADP the Contractor Certification Clauses (CCC103) that can be found on the Internet at www.ols.dgs.ca.gov/Standard+Language. This document is only required if the Contractor has not submitted this form to ADP within the last three years.
- D. Upon award of the Agreement, a Statement of Economic Interests Form may be required of selected bidder's staff, or subcontractor's staff who are "consultants" as defined in the Political Reform Act of 1974. These disclosures would include the following: all interests in real property, investments, business positions, and sources of income, including gifts, loans, and travel payments. The Statement of Economic Interests Form (Form 700) can be found at www.fppc.ca.gov. Please use the "Form 700 (2004/05)" link/version.
- E. Upon award and during the term of the Agreement, Contractor may be required to disclose lobbying activities.
- F. Amendments
This Agreement may be amended. The amendment must be in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the contract is binding on any of the parties.
- G. Budget Contingency Clause (State Budget Act Appropriation)
 - 1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, ADP shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, ADP shall have the option to either cancel this Agreement with no liability occurring to ADP, or offer an agreement amendment to Contractor to reflect the reduced amount.

1.7 Scope of Work and Deliverables

The selected Contractor will be required to complete the following scope of work using well-informed, innovative, and creative methods and approaches to fulfill the terms of the contract.

A. Project Scope

1. Development of a prevalence study within the timeframe and budget allotted. The study must be delivered in a publishable format, fully-edited and suitable for public consumption and executive level discussion.
2. As directed by ADP/OPG and with content approved in advance, conduct up to five public presentations, utilizing PowerPoint. Provide copies of the PowerPoint as handouts.
3. Consult with ADP staff on the design, implementation, and progress of the project, at regular intervals as agreed to by ADP and the Contractor.
4. Secure an independent party to provide a peer review of the prevalence study's design, methodology, data analysis, and interpretation prior their implementation.
5. Provision of periodic and timely progress reports and invoices as directed by ADP/OPG.

B. Tasks

The prevalence study will require completion of all of the following tasks:

1. Develop a prevalence study on problem gambling in California with key findings summarized in an Executive Summary not exceeding three pages. The Prevalence Study will focus exclusively on the adult population in California and will provide an estimate of how many adult individuals in California fall under the three specified problem gambling-related groupings of "pathological gambler," "problem gambler," and "at-risk gambler," as well as two other groupings of "non-gambler" and "non-problem gambler." Specific findings will consist of the following:
 - An estimate of the current prevalence of at-risk, problem and pathological gamblers within California's general adult population (18-64 years of age) and between genders, by age, ethnicity, geographic location, degree of alcohol or other drug use, employment status, household income, type of physical disability, by primary

gambling venue, and by primary language used in day-to-day activities. (Note: Collected data must be configured and stored, for future use by OPG, to allow for the ability to cross-tabulate among various demographic characteristics.)

- An estimate of the current prevalence of at-risk, problem and pathological gamblers within California's adult population, 65 years of age or older, and between genders, by age, ethnicity, geographic location, degree of alcohol or drug use, employment status, household income, type of physical disability, by primary gambling venue, and by primary language used in day-to-day activities. (Note: Collected data must be configured and stored, for future use by OPG, to allow for the ability to cross-tabulate among various demographic characteristics.)
- Estimates of the current prevalence of non-gamblers and non-problem gamblers within California's general adult population (18-64 years of age and 65 years of age or older) and between genders, by age, ethnicity, geographic location, degree of alcohol or other drug use, employment status, household income, type of physical disability, by primary gambling venue if applicable, and by primary language used in day-to-day activities. (Note: Collected data must be configured and stored, for future use by OPG, to allow for the ability to cross-tabulate among various demographic characteristics.)
- Determine if a relationship exists between at-risk, problem and pathological gambling and environmental factors.
- Identify use of prescription drugs, specifically for sleep, pain relief, anxiety and depression, among each of identified adult groupings: nongamblers and non-problem, at-risk, problem and pathological gamblers.
- Identify source of gambled funds. (ATMs, bankcards, borrowing, redirecting funds from critical family budget items, etc.)
- Identify age of first gambling experience and gambling activity.
- Identify the extent to which individuals have someone within their immediate circle of family and friends that they believe has a gambling problem.
- Identify gambling frequency and amount of funds gambled, funds lost, debt accumulated, and gambling venue.
- Identify the level of awareness of a toll-free help line for problem gamblers and concerned others.
- Evaluate current involvement in treatment due to problem gambling and/or involvement in Gamblers Anonymous (12-step group).
- Identify problem and pathological gamblers who would likely take advantage of publicly funded problem gambling treatment if it was made available.
- Identify perceived barriers to seeking help due to problem gambling.
- Identify suggested responses for reducing or otherwise addressing problem gambling among families or communities.
- Identify the types of health, mental health, employment, financial, and interpersonal problems resulting from gambling.
- Identify the number of years the individual has lived in the U.S.

2. Provide a clear rationale for:
 - How the terms “pathological gambler”, “problem gambler” and “at-risk gambler” were defined and operationalized to conduct the proposed problem gambling prevalence study.
 - How the appropriate assessment or research-based instruments were selected to identify the three categories of adult problem gamblers in the proposed prevalence study.
3. Attend, with the appropriate representation, any necessary planning meetings or teleconference calls to update the Deputy Director of OPG and staff on the progress of implementing the prevalence study and to answer any inquiries regarding the study.
4. Submit the requisite information on the design and methodology of prevalence study to the appropriate human subjects committee(s) and obtain the necessary approval(s) prior to conducting the prevalence study.

The Contractor must ensure that human subjects participating in any health-related study/research will be protected. The Contractor must obtain and provide ADP/OPG with a copy of an approval letter from the State of California, Institutional Review Board (IRB), Committee for the Protection of Human Subject (CPHS) prior to the involvement of the human subjects. Also the Contractor, if it is academically-based, must seek other IRB approvals.

All research conducted by, funded by, or using individually **identifiable** data held by California State Agencies is under the jurisdiction of the State Health and Human Services Agency Committee for the Protection of Human Subjects. Approval or exemption from this IRB must be obtained before any research is conducted or any data is released.

5. Comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) throughout the implementation of the problem gambling prevalence study.
6. Comply with all applicable provisions of Assembly Bill 205 (Statutes of 2003) and Government Code Sections 14771 and 14741.1 requiring all public-use forms used by the State to obtain or solicit facts, opinions or other information from the public or private citizens and that refer to or use the terms “spouse, husband, wife, father, mother, marriage or marital status,” to also include appropriate references to “domestic partner or domestic partnership.”
7. Prior to the collection of the prevalence study data, the Contractor will provide to ADP an overview of all instruments, written scripts and related research processes that will be used to conduct the survey for purposes of final approval by ADP. The survey scripts must include notifying individuals about problem gambling resources: www.adp.ca.gov and 1-800-GAMBLER. TTY (Teletypewriters) assistance, also known as TDD (Telecommunications Device for the Deaf), which is available through this 1-800 number.

8. The prevalence study contractor is required to secure an independent party to provide a peer review and validation of the contractor's sampling strategies, data collection instruments, data analysis and interpretation. The Peer Reviewer must provide direct written and/or oral reports to ADP at critical points prior to data collection and finalization of the study report. The contractor is to include the costs of the peer review within the total project budget.
9. Work closely and cooperatively with ADP's project coordinator to respond to all ADP requests for information and documentation related to the provisions of this contract. ADP reserves the right to approve the selection of consultants.
10. Establish methods to collect and store data, and ensure confidentiality of all participants. The Contractor must adhere to the generally approved national IRB human subjects protection standards.
11. Provide up to five ADP-approved public presentations, using PowerPoint and providing handouts, on the prevalence study findings and supporting data to five various problem gambling audiences such as state legislators, the statewide Problem Gambling Task Force, County Alcohol and Drug Program Administrators Association of California (CADPAAC), California Mental Health Directors Association (CMHDA), and key gambling industry associations.
12. Select event locations that meet federal and State accessibility requirements for persons with disabilities. Note: Event notices must include the following statement: "If you need a disability-related reasonable accommodation/ alternative format for this event, please contact (name) at (phone number, email address, and TDD number) by (a date up to two weeks prior to the event)."
13. Provide copy of data sets developed as a result of this prevalence study for future use by OPG. Data sets must be compatible with Personal Computer Statistical Analysis System (SAS), used by the State of California. ADP possesses ownership of data as specified in Rights in Data, under Significant Contract Terms, Attachment II.
14. Submit monthly written progress reports by the 15th of the following month. The monthly reports must:
 - Correspond to overall project goal(s) and to specific monthly objectives designated in the prevalence study plan(s).
 - Include pertinent information on monthly objectives, such as relevant data (statistical and anecdotal), problems encountered in achieving or failing to achieve proposed objectives, methods employed to resolve stated problems, etc.
 - Provide a hard copy and electronic copy of the progress reports that are compatible with Microsoft Word.
 - Accompany invoices for payment.

15. Submit timely monthly invoices to ADP for costs directly related to prevalence study activities. The Contractor will submit a copy of receipts upon request from the Prevalence Study project coordinator. Invoices will not be processed by ADP/OPG until receipt of corresponding monthly contract progress reports. The Contractor must follow invoice reporting guidelines provided by ADP's OPG.
16. Submit a final report summarizing accomplishments, findings, and any lessons learned pertaining to the prevalence study. The final report will describe contract services provided and key findings of the study with supporting data submitted to ADP no later than 30 days after the end of the contract period.
17. Submit final budget summary of expenditures directly related to prevalence study activities performed by the Contractor to ADP's OPG no later than 30 days after the end of the contract period.
18. Submit any outstanding invoicing that remains unresolved.
19. Obtain written approval from ADP/OPG on all products, reports, any individual sections of reports, related news releases, or materials developed or used during the term of the contract prior to release or dissemination.
20. All submissions are to be in hardcopy and Microsoft Word electronic format. Provide five hard copies of the draft prevalence study and 10 copies of the final version of the study.
21. Provide ADP's Resource Center with 40 copies of any publication (i.e., reports, briefings, manuals, books, or journals) produced under this contract.
22. In accordance with the California Government Code, Section 11135 and Title II, Americans with Disabilities Act requirements, publications that are made available through this contract must include the following statement: "This publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability." In addition, publications must be made available, at Contractor's cost, in other languages if requested by a monolingual person.
23. Maintain books, records, documents, and other evidence of accounting procedures and practices sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of the contract, including any matching costs and expenses, for a period of three years after final payment under the agreement (Government Code Section 10532).

C. Project Duration, Deliverables and Timeline

The contract shall be for 24 months. The final prevalence study shall be completed and provided to ADP no later than 12 months from the date of execution of the contract. The Contractor shall provide consultation to ADP as needed and up to five approved public presentations during the term of the contract. From the date of execution of the contract, the following deliverables shall be provided to ADP within the specified timelines:

1. Study outline (within 30 days).
2. Monthly project status reports (every 30 days).
3. Prevalence Study Draft (within 10 months).
4. Final Prevalence Study (within 12 months) should include the following sections:
 - Introduction
 - Executive Summary (maximum 3 pages)
 - Overview
 - Methodology
 - Key Findings
 - Background information on current gambling and related problem gambling in California
 - Overview of Study Design, Data Analyses
 - Detailed Findings (including key tables, charts, and graphs)
 - Demographic Profiles
 - Conclusions
 - Appendices:
 - Appendix A: Study Questionnaire
5. Up to five ADP-approved public presentations on key findings supported by PowerPoint and hardcopy handout materials. For budgeting purposes, the proposal should be based on two presentations in Southern California and three presentations in Northern California (as requested).
6. Consultation with ADP staff on the design, implementation and progress of the project (as requested).

2.0 TECHNICAL PROPOSAL

The Technical Proposal describes the method, staffing and funding needed to develop and deliver services requested by this RFP.

2.1 Specific Requirements:

- A. Order of Responses: All required components of the proposal must be present and follow the order of the RFP. Bidders' response to each item in

this RFP must be identified in their proposal by the same numbers and letters to which the response applies. **(Required; no points)**

B. Cover Sheet: Include the RFP number and title, name of bidder agency and name and telephone number of the contact person for the bidder agency. **(Required; no points)**

C. Table of Contents: Provide a Table of Contents that lists each section responded to in this RFP and its page number. List attachments. Use the same sequence and titles used in this RFP. **(Required; no points)**

D. Abstract: Provide an abstract not to exceed one page that summarizes the proposed approach and strategy for the evaluation, including key deliverables. **(Required; no points)**

2.2 General Guidelines:

- A. The Technical Proposal should be specific regarding the methods and personnel to be used.
- B. The proposal must clearly and fully demonstrate an understanding of the subject, the best methods for delivery of services, and the technical problems inherent in the process.
- C. The proposal must clearly convey the intent and understanding necessary to accomplish project requirements.
- D. Simply stating that the bidder understands or paraphrasing this RFP will be considered inadequate.
- E. Phrases such as, “well known techniques will be used” are unacceptable.
- F. ADP recognizes that all technical factors cannot be detailed in advance. However, the technical proposal must detail sufficiently how the bidder would accomplish project requirements including a full explanation of techniques, procedures, and staffing to be used with the information that is provided as part of this RFP in the Attachments.

2.3 Technical Proposal Scoring

The maximum score possible for the Technical Proposal is **185** points. The minimum standard the Department will accept for the Technical Proposal is **80%**. A selection review committee will determine this score. Those proposals not meeting this minimum standard will not be considered for funding. The Technical Proposal score will be added to the Cost Proposal score (see Section 3.2) to determine the overall score.

The six weighted scoring criteria and their respective possible points are as follows:

<u>Category</u>	<u>Maximum Possible Score</u>
Understanding of Problem	10 Points
Methodology and Research Questions	60 Points
Key Technical Personnel	45 Points
Project Work Plan	30 Points
Other Requirements	10 Points
Project Budget	30 Points
Total	185 Points

2.4 Bidder is to provide written responses to the following:

2.4A. Bidders Understanding and Approach to Problem – Maximum Score: 10 points

1. Describe and explain the data available and necessary to measure and assess the extent and impact of problem gambling in California. The prevalence study will focus exclusively on the adult population in California. **(5 points)**
2. Describe your knowledge of research studies designed to measure and assess the extent and impact of problem gambling in other jurisdictions. **(5 points)**

2.4B. Methodology and Research Questions – Maximum Score: 60 points

1. Based on the objectives of the problem gambling prevalence study detailed in Section 1.2 of this RFP, provide an overview of your proposed approach to conducting a prevalence study to measure and assess the extent and impact of problem gambling in California. The prevalence study will focus exclusively on the adult population in California. Your overview should include the following:
 - A description of proposed research questions and methodology that will guide the prevalence study.
 - Proposed data collection activities and tools to measure the extent and impact of problem gambling in California, focusing exclusively on the adult population in California.
 - A description of how the study will be designed/conducted to accommodate cultural/linguistic competency, ensuring individuals from various cultures and with special language needs are included in the sampling strategies and encouraged to participate in the study.
 - A description of how the study will be designed/conducted to accommodate individuals with physical disabilities, ensuring individuals with various physical disabilities are included in the sampling strategies and encouraged to participate in the study.

- The proposed analyses to assess the extent and impact of problem gambling in California, focusing exclusively on the adult population in California.
- Describe how the Study will be organized so that it is suitable for both public consumption and discussion at the executive level (See RFP Section 1.7.C.4. for report requirements).
- Describe how collected prevalence data will be stored to allow for the ability to cross-tabulate among various demographic characteristics, for future use by OPG.

Use the sample prevalence Research and Evaluation Questions (Attachment VI) to frame your overview. You may develop additional research questions that you think are relevant. **(60 points)**

2.4C. Key Technical Personnel – **Maximum Score: 45 points**

1. Provide resumes of key project staff, a brief description of how each staff will be involved in the project, including their title and roles, and information that demonstrates the individual's experience as it relates to their role in the study, and the percentage of time which they will be involved with the project. **(10 points)**
2. Submit at least two letters of recommendation from agencies for whom the bidder's organization has provided similar services during the last five years. The letters should describe the services performed. **(required; no points)**

NOTE: For scoring purposes, qualifications of unknown (i.e., unhired) staff will not score as highly as qualifications of known (i.e., presently hired or contingent hires) staff. Resumes will be scored based on the level of staff qualifications as they relate to the requirements of this RFP.

Knowledge of and direct experience with the following desirable qualifications should be reflected in the resumes submitted:

- Demonstrated experience in conducting a prevalence study (preferably in the public health field), including study design, sample design, data collection, some qualitative research techniques, use of administrative records and record systems, data base management, appropriate statistical tools, data analysis and reporting;
- Good working knowledge of the recent expansion of gambling venues in California;
- Good working knowledge of the problem gambling field, prevention and/or treatment;
- Experience conducting prevalence studies, which focus on measuring and assessing the extent and impact of problem gambling within a governmental jurisdiction; and,

- Demonstrated experience in the substantial writing and fully editing of prevalence study reports resulting in a professional and publishable document. **(20 points)**
3. A letter of commitment, from the proposed Peer Reviewer for this project, indicating the understanding of their responsibilities as well as evidence of their expertise in conducting public health research, must be submitted with bidder's proposal. The letter should be submitted on the proposed Peer Reviewer letterhead and must state that they have read the proposal and agree to participate in the activities at the level specified. The proposed Peer Reviewer must also guarantee that they are ready to proceed with the activities of this Prevalence Study in the specified timetable. There is no "ramp-up" allowance for administrative or facility requirements. **(15 points)**
 4. Letters of commitment from consultants, or others who are proposed principals for this project (not bidder's employees), must be submitted with your proposal. Each letter should be submitted on the proposed consultant's letterhead and must state that the consultant has read the proposal and agrees to participate in the activities at the level specified. The proposed consultant must also guarantee that they are ready to proceed with the activities of this Prevalence Study in the specified timetable. There is no "ramp-up" allowance for administrative or facility requirements. **(required; no points)**

NOTE: Failure to include the letter(s) of commitment may result in disqualification of the proposal.

2.4D. Project Work Plan - Maximum Score: 30 points

1. Using Attachment III, Sample Project Work Plan, as a guide, write a two-year (24-month) work plan, which includes the project goal(s), objectives, and tasks. All work and deliverables listed in RFP Section 1.7 should be included to implement the prevalence study including key personnel responsible for tasks, timeframes, and deliverables. The Bidder may recommend priorities or efficiencies for conducting data collection and reporting activities as part of this work plan. **(30 points)**

2.4E. Other Requirements - Maximum Score: 10 points

1. Identify barriers and proposed solutions to effective implementation of the prevalence study. **(10 points)**
2. State whether related work or projects are being negotiated or currently in progress for other agencies or states. Include a brief description of the project(s) and commensurate timeframe(s), and the names and addresses of agencies. **(required; no points)**

2.4F. Project Budget – **Maximum Score: 30 points**

Proposal must be fully supported by cost and pricing data adequate to justify the bid amount.

1. Two detailed line item budgets (one for each project year), must be completed showing individual line items under budget categories. Use the line item budget instructions, RFP Section 2.5, and Attachment IV, Sample Budget Format, to prepare two budgets (one for each project year).

(15 points)

2. All budget line items must be fully explained and justified in a narrative entitled "Budget Justification." This justification should include:

- a) Why each individual line item is being charged to the project.
- b) Why the quantity of a line item is reasonable (i.e., amount of personnel time, travel, printing, etc.).
- c) Why the cost of each line item is reasonable in price.
- d) What formula was used to determine the cost of each line item.

(15 points)

2.5 Line Item Budget Instructions

A. Direct Cost Categories

The direct cost budget categories are personnel services and operating expenses.

1. Personnel Services

Personnel services includes each authorized staff position the bidder is devoting to this project listed by title, and a line item for fringe benefits showing the percentage rate.

A line item for each authorized position must provide a computation of the monthly or hourly salary rate, the number of months or hours the position will be filled, and the percentage of salaried time the position will devote to the project.

A salary range should be shown to include any anticipated wage increases during the period covered by the proposal.

All salaries must be fully justified in the Budget Justification and by job titles/duty statements/resumes under Project Personnel in the Technical Proposal.

2. Operating Expenses

Operating expenses include all other direct cost line items, such as rent, travel and subsistence, supplies, consultants, etc.

A line item for rent must identify the number of square feet to be utilized for the project, and the cost per square foot.

ADP policy does not allow for purchase of furniture or equipment. Equipment is defined as an article of nonexpendable tangible personal property. A line item for equipment rental, use allowance (not to exceed six and two-thirds percent of acquisition cost annually) or depreciation must identify the type of equipment.

Travel and per diem rates may not exceed the amounts paid to the State's represented employees as specified in the Department's Travel and Subsistence Guidelines, Attachment V. Universities of California and county governments may request exemption to these rates for their staff travel only. Food and beverage are unallowable costs except for meals permitted by the subsistence guidelines. Consultant's costs must be fully explained and justified, including the cost per hour and number of hours. Consultant travel and per diem costs must be shown separately from staff travel costs. Fees should be consistent with the annual income of each consultant and market rates of similar services.

Subcontracts – see Attachment II, Significant Contract Terms number 17, for subcontract requirements including cost restrictions.

B. Indirect Cost Categories

1. Indirect Cost

An indirect cost category may be included in the budget if the applicant has a current indirect cost rate approved by the cognizant agency on behalf of the Federal Government; is in the process of obtaining such approval; or has other supporting documentation. A copy of the Agreement approving the rate and/or the supporting justification data must accompany the Bid Proposal if an indirect cost category is requested. ADP reserves the right to deny an indirect cost category and request direct costing.

2. Overhead or Administrative Costs

An overhead or administrative cost category must be approved by ADP. The bidder must provide a list of all costs included in this category, and the methodology used to compute these costs. Costs included as overhead or administrative costs may not be simultaneously shown as direct or indirect costs in other parts of the budget. ADP may request direct costing.

C. Miscellaneous, Other, or Fees

There should be no line items entitled miscellaneous, other, or fees. All line items must be fully explained and justified.

D. Budget Negotiations

The proposed budgets may be negotiated at the option of the State, but the total bid amount may not be increased.

2.6 State Funding Restrictions

This project is funded 100% by State funds provided through the Indian Gaming Special Distribution Fund and is contingent upon the availability of such funds for this purpose.

2.7 Method of Payment

The method of payment to the Contractor will be cost reimbursement. The cost reimbursement method of payment reimburses the Contractor no more frequently than monthly, in arrears, in accordance with the budget for actual expenditures paid. As required by the State Administrative Manual, 10% of each payment will be withheld as a final payment. If a final report is required under the contract, then no more than 90% of the contract amount will be paid prior to receipt of the final report. For those contracts that consist of tasks that will be completed on a yearly basis, the 10% withhold will be released upon completion of each project year.

3.0 Bid Proposal

One copy of the Bid Proposal must be submitted. A separate sealed envelope of the bid proposal is not required. Use your agency letterhead for your bid proposal and simply state the following:

Date

Mrs. Kathryn Frost
Contracts Office, Administration
Department of Alcohol and Drug Programs
1700 "K" Street, First Floor
Sacramento, CA 95814-4037

The undersigned certifies that all requirements of the Request for Proposal known as "2005 Prevalence Study of Problem Gambling in California" ADP-RFP-04-1 were understood and complied with and our all-inclusive bid is as follows:

\$ _____ Year One

\$ _____ Year Two

\$ _____ Total

Signed: _____

Printed Name: _____ Title: _____

Bids shall be signed by the bidder. An unsigned bid will be rejected. A bid may be signed by an agent of the bidder if he/she is properly authorized by a power of attorney submitted to the Department prior to the submission of the proposal or with the proposal.

3.1 **Total Cost**

The total cost shall not exceed \$2,000,000 over a 24-month period. Any proposal submitted with a bid in excess of \$2,000,000 for a 24-month period will automatically be rejected. **Contractor will not be allowed to charge participants a fee for services, materials, or events provided.**

3.2 **BID PROPOSAL SCORING**

Bid Proposal scores will be determined as follows:

The lowest dollar Bid Proposal shall earn 92 points. The remaining Bid Proposals shall earn Bid Proposal points by applying the following formula:

Lowest dollar Bid Proposal (divided by)
Other proposal dollar amount = _____ X 92 points = Bid Score

Calculations will be rounded to the nearest tenth of a decimal point.

3.3. **Funding Availability for Multi-Year Contracts**

The contract will be valid and enforceable for subsequent years past the first year of the contract only if extended by ADP and only if sufficient funds are made available to ADP for the purposes of this program. In addition, the contract will be subject to any additional restrictions, limitations, or conditions enacted by the Legislature (or by Congress if federal funds are involved) and contained in the Budget Bill or any statute enacted by the Legislature (or by Congress) that may affect the provision, terms, or funding of the contract in any manner. If funds are

not appropriated for this program, the contract will be terminated and have no further force and effect. The contract may also be amended to reflect a reduction in funding.

3.4. Disabled Veteran Business Enterprise Program (DVBE)

Due to the funding source for this project, DVBE participation is not required. If purchasing opportunities are part of the bidder's proposal, the bidder will be requested to seek DVBEs to fill those opportunities. See the following Website for a listing of DVBE's: <http://www.pd.dgs.ca.gov/smbus/certinq.htm>

4.0 ESTIMATED TIME SCHEDULE

- 4.1 RFP released to bidders: April 5, 2005
- 4.2 Questions due from prospective bidders by: April 12, 2005
- 4.3 Responses to bidders' questions by: April 19, 2005
- 4.4 Letter of Intent due to ADP by: May 1, 2005
- 4.5 Bid proposals due by 4:00 p.m., May 19, 2005
- 4.6 Award of contract by: June 30, 2005
- 4.7 Period of performance: June 30, 2005 through June 29, 2007

5.0 SUBMISSION OF PROPOSAL

- 5.1 All proposals must be delivered to address shown below and received and time stamped by an ADP employee by the date and time indicated in RFP Section 4.0, Estimated Time Schedule. Proposals received after this time will be disqualified. Postmarks will not be acceptable to meet this deadline. **FAXED PROPOSALS WILL NOT BE ACCEPTED.** If you plan to deliver your proposal in person, please allow at least 15 minutes to go through the Department's security procedures. Security Guards are not ADP employees and will not time stamp proposals.

Proposals must be submitted in a sealed package clearly marked with the RFP number and title and be addressed to:

Department of Alcohol and Drug Programs
Contract Office, Administration
Attn: Mrs. Kathryn Frost
1700 K Street, First Floor
Sacramento, CA 95814-4037

5.2 Bidder's proposals shall consist of the following:

A. Technical Proposal. The Technical Proposal shall consist of responses to the following RFP Sections:

- 2.1 Specific Requirements
- 2.4 A Bidder's Understanding and Approach to Problem
- 2.4 B Methodology and Research Questions
- 2.4 C Key Technical Personnel
- 2.4 D Project Work Plan
- 2.4 E Other Requirements
- 2.4 F Project Budget

Bidders shall submit a **total of five (5) copies** of their Technical Proposal.

B. Bid Proposal. The Bid Proposal shall consist of a response to the following RFP Section:

3.0 Bid Proposal

Bidders shall submit one copy of their Bid Proposal with an original signature.

C. Format Requirement. Bidders shall submit one copy of the following:

If you are a private nonprofit organization, submit evidence of your private nonprofit status. Any of the following may be submitted as acceptable evidence of an organization's private nonprofit status:

1. A certified copy of the organization's articles of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
2. A copy of a current valid Internal Revenue Service Tax Exemption Certificate.
3. A statement from a state taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State and that no part of its net earnings may lawfully inure to the benefit of any private shareholder or individual.
4. A reference to the organization's listing in the Internal Revenue Service's most recent cumulative list of organizations.
5. Any of the above proof for a state or national parent organization, and a statement signed by the parent organization that the applicant organization is a local (community-based) nonprofit affiliate.

5.3 The bidder's narrative response to the technical portion of the proposal should be double-spaced and submitted on standard white, 8½" x 11" sized paper. The Project Work Plan may be single-spaced. Each page shall be clearly and consecutively numbered.

- 5.4 The bidder's response to each item in this RFP must be identified with the same numbers and letters of the paragraph in the RFP to which the response applies.
- 5.5 Due to limited storage space, the proposal package should be prepared in the least expensive method (i.e., copied back-to-back, stapled in upper left-hand corner, no fancy bindings).
- 5.6 Costs for developing proposals are entirely the responsibility of the bidder and shall not be chargeable to the State of California or included in any cost elements of the price.
- 5.7 A proposal may be rejected if conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind.
- 5.8 The Cost Proposal (bid) shall be signed by an individual who is authorized to bind the proposing firm contractually. The signature must indicate the title or position that the individual holds in the organization. An unsigned or improperly signed Bid Proposal may be rejected.
- 5.9 A proposal may be modified after its submission by withdrawal and resubmission prior to the time and date specified for proposal submission. Modification offered in any other manner, oral or written, will not be considered.
- 5.10 A bidder may withdraw his/her proposal by submitting a written request for its withdrawal to ADP, signed by the bidder or an agent authorized in accordance with paragraph 5.8 above. Thereafter, the bidder may submit a new proposal prior to the proposal submission time. Proposals may not be withdrawn without cause subsequent to proposal submission deadline.
- 5.11 Bidders are cautioned to not rely on the State during the evaluation to discover and report to the bidder any defects and errors in the submitted documents. Bidders, before submitting their documents, should carefully proof them for errors and adherence to the RFP requirements.
- 5.12 The awarding agency may modify the RFP prior to the date fixed for submission of proposals by the issuance of an addendum to all parties who received a proposal package.
- 5.13 Issuance of the RFP in no way constitutes a commitment by ADP to award a contract. ADP may reject any or all proposals and may waive any immaterial deviation of a proposal. ADP's waiver of an immaterial defect shall in no way modify the RFP documents or excuse the bidder from full compliance with the RFP and the bidder's proposal if the bidder is awarded the contract. ADP may also cancel this RFP at any time.
- 5.14 More than one proposal from an individual, firm, partnership, corporation or association under the same or different names, will not be considered. Reasonable grounds for believing that any bidder has submitted more than one proposal for the work contemplated herein will cause the rejection of all

proposals submitted by that bidder. If there is reason for believing that collusion exists among the bidders, none of the participants in such collusion will be considered in this or future procurements.

6.0 EVALUATION AND SELECTION PROCESS

- 6.1 ADP will use the evaluation and selection procedure specified in Section 10377(c) of the Public Contract Code to select the proposal that will best meet ADP's needs. This procedure specifies the award will be made to the responsible bidder with the highest score.
- 6.2 Each proposal shall be reviewed to determine if the proposal meets the format requirements specified in the RFP. Proposals not meeting format requirements at this point shall be disqualified. Disqualified proposals shall not: (1) Have their Technical Proposal scored; nor, (2) Be considered for an award of contract.
- 6.3 Technical proposals shall then be submitted to the Selection Review Committee, which shall evaluate and score the Technical Proposals. Points will be assigned to the Technical Proposal as shown in Section 2.3 of the RFP. A minimum of 80% must be achieved in the Technical Proposal to be considered responsive. A non-responsive proposal shall not be considered for an award of contract and shall not have the Cost Proposal scored.
- 6.4 Proposals that contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the bidder, may be rejected. If, in the opinion of ADP, such information was intended to mislead the State in its evaluation of the proposal; and the attribute, condition, or capability is a requirement of the RFP, it will be the basis for rejection of the proposal.
- 6.5 All proposals meeting the format requirements and passing the Technical Proposal by 80 % or more shall then have their Cost Proposal score determined. Scores will be determined as stated in Section 3.2.
- 6.6 The Technical Proposal points will then be added to the Cost Proposal score to determine the overall score. Bidder with highest score will be awarded the contract.
- 6.7 The bidder's response to each item in the RFP must be identified with the same numbers and letters of the paragraph to which the response applies. Failure to number responses in this manner may adversely affect the scoring of the bidder's proposal if reviewers are unable to locate responses. Omitted responses result in no score for that section and no contribution to the overall score. The proposal should follow the format of the RFP.
- 6.8 Evidence which indicates that the bidder, bidder's staff, and/or consultants have in any way attempted to influence the confidential nature of the review through contacts with ADP staff or members of the Selection Review Committee will result in the automatic rejection of the bid.

- 6.9 All proposals and scoring sheets shall be available for public inspection at the conclusion of the scoring process.

7.0 PROTESTS

- a) Notice of the proposed award shall be posted in a public place in the Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814 for **one (1) working day, June 7, 2005**, prior to awarding the agreement. In addition, the Department will FAX, Email or use U.S. mail to notify bidders.
- b) If any bidder, prior to the award of agreement, files a protest with the Department of Alcohol and Drug Programs on the grounds that the (protesting) bidder would have been awarded the contract had the agency correctly applied the evaluation standard in the RFP, or if the agency followed the evaluation and scoring methods in the RFP, the agreement shall not be awarded until either the protest has been withdrawn or the Department of Alcohol and Drug Programs has decided the matter. **(Please Note: The full protest period, specific to this RFP, is from June 8 to June 10, 2005)**

The bidder has until 5:00 p.m., June 10, 2005 to file and deliver to ADP a complete protest including all written justifications and supporting documents. The protesting bidder shall file with the Department of Alcohol and Drug Programs a full and complete written statement specifying the grounds for the protest. It is suggested that you submit this complete written statement by certified or registered mail.

8.0 NEWS RELEASES

News releases pertaining to an award resulting from this RFP will not be made without prior written approval of the Director of ADP.

9.0 DISPOSITION OF PROPOSALS

- a) Upon proposal opening, all documents submitted in response to this RFP will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public. ADP cannot prevent the disclosure of public documents. However, the contents of all proposals, draft proposals, correspondence, agenda, memoranda, working papers, or any other medium which discloses any aspect of a bidder's proposal, shall be held in the strictest confidence until the "Letter of Intent" is posted.
- b) Proposal packages may be returned only at the bidder's expense, unless such expense is waived by ADP.

10.0 CONTACT FOR INFORMATION

Any questions you may have concerning this RFP should be submitted in writing to the Contract Office by the date stated in RFP Section 4.2. Questions will be answered in a written summary, which will be mailed out to everyone who requested a copy of the RFP. Direct questions to the address and/or FAX listed in RFP Section 11.0.

11.0 LETTER OF INTENT

If your organization or firm intends to submit a proposal in response to this RFP, please send a Letter of Intent to apply by the date stated in RFP Section 4.4. The letter should be on agency letterhead, signed by a person officially representing the organization. Letters of Intent are requested for ADP planning purposes only; they do not constitute a commitment to apply. Send the letter to:

Mrs. Kathryn Frost
Department of Alcohol and Drug Programs
Contracts Office, Administration
1700 K Street, 1st Floor
Sacramento, CA 95814-4037

You may also FAX your questions or letter of intent to (916) 324-5105 or Email them to kfrost@adp.state.ca.us. If you wish to verify receipt, call Kathryn Frost at (916) 322-3060.

ATTACHMENT I**DEFINITIONS/CONCEPTS**

For the purpose of this RFP, the following definitions/concepts apply:

ADP/(the)Department: The California Department of Alcohol and Drug Programs.

At-risk Gambler: See “Problem Gambling.”

Consultant: An individual whose level or area of expertise extends beyond that possessed by the Contractor’s staff.

Contractor: The successful bidder awarded a contract under this proposal.

Cultural/Linguistic Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

“Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. *(Based on Cross, T., Bazron, B., Dennis K., & Issacs, M., (1989). Towards A Culturally Competent System of Care Volume I., Washington DC: Georgetown University Child Development Center, CASSPw Technical Assistance Center).*

Gambling: “Gambling” is a broad concept that includes diverse activities, undertaken in a wide variety of settings, appealing to different sorts of people, and perceived in various ways. Both gambling participation and attitudes toward gambling are linked to the communities in which these behaviors occur and to the norms and values of members of those communities. The common thread is that all of these activities involve risking the loss of something of value in exchange for the opportunity to gain something of greater value

OPG: The Office of Problem Gambling which has been established under the California Department of Alcohol and Drug Programs.

Pathological Gambler: Pathological gambling was first recognized as a mental disorder in 1980 when it was included in the third edition of the Diagnostic and Statistical Manual (DSM-III) (American Psychiatric Association, 1980). Each subsequent revision of the DSM has seen changes in the diagnostic criteria for this disorder. The essential features of pathological gambling are presently defined as: (1) a continuous or periodic loss of control over gambling; (2) a progression, in gambling frequency and amounts wagered, in the preoccupation with gambling and in obtaining monies with which to gamble; and, (3) a continuation of gambling involvement despite adverse consequences. Current epidemiological research suggests that “pathological gamblers” represent between 1% and 2% of the U.S. adult population.

Prevalence: The number of existing cases with a given condition in a particular area at a specified time.

Prevention: “Prevention” is any activity that is taken to stop or interrupt a course of action or events. With specific reference to behavioral medicine, prevention is generally subdivided into universal, selective and indicated interventions. Compared with other addictive disorders, the boundaries between these different types of intervention in relation to problem gambling are quite ‘fuzzy’ and shade more quickly into what is regarded as treatment. As a consequence, the prevention framework adopted in relation to alcohol and other drugs does not fit neatly with problem gambling.

Problem Gambler: The “problem gambler” can be characterized as having a pattern of continued gambling despite negative physical, psychological and social consequences, similar to the “pathological gambler.” The distinction is that while problem gamblers experience substantial problems related to their gambling, they do not meet the diagnostic criteria for the recognized disorder of pathological gambling. Current epidemiological research suggests that “problem gamblers” represent 2% to 3% of the U.S. adult population.

Problem Gambling: Problem gambling is the term most widely used to refer to individuals who experience difficulties with their gambling, although it has been used in a variety of ways. For purposes of this proposed prevalence study, its use is limited to those whose gambling-related difficulties are substantial but less severe than those of “pathological gamblers.” Pathological gambling can be regarded as at the higher end of a broad continuum of gambling-related problems and meeting the DSM-IV criteria for this category; the “at-risk” gambler can be regarded as at the lower end of a broad continuum of gambling-related problems. “Problem gambling” would place somewhere in between this continuum. Both “at-risk gambling” and “problem gambling” are considered sub-clinical categories.

Problem Gambling Prevention: Prevention practice in relation to gambling is informed by a range of conceptual models. These include risk and protective factors, public health models, harm minimization and reduction approaches and responsible gambling perspectives. The public health perspective on gambling is now advocated in a growing number of jurisdictions. Public health approaches have been used to develop effective responses to various physical health problems and, increasingly, to non-infectious diseases and mental disorders. This framework suggests a range of individual, family and community prevention and treatment interventions to address the full scope of gambling behaviors and specifically introduces public policy measures as a tool in prevention. Problem gambling prevention strategies generally include public awareness and public education campaigns, workforce development, industry training and, increasingly, community activism.

Problem Gambling Services: Refers to a wide range of activities, including prevention, treatment and research, carried out by government agencies, non-governmental organizations and industry operators as well as regulatory, environmental and public policy measures implemented by governments.

Problem Gambling Treatment: Treatment strategies generally include helpline and counseling services in outpatient settings as well as more limited intensive outpatient and inpatient services. Professional treatment for individuals with gambling problems has generally been limited to individuals who are formally diagnosed as “pathological gamblers.” California Assembly Bill 673 (Statutes of 2003) specifically defines helpline services as being prevention.

ATTACHMENT II

SIGNIFICANT CONTRACT TERMS

1. Protection of Human Subjects

The Contractor must ensure that human subjects participating in any health-related study/research will be protected. The Contractor must obtain and provide ADP with a copy of an approval letter from the State of California, Institutional Review Board (IRB), Committee for the Protection of Human Subject (CPHS) prior to the involvement of the human subjects under this Agreement, in accordance with the requirements of Public Law 93-348, as implemented by Part 46 of Title 45 of the Code of Federal Regulations, as amended (45 CFR 46). Also the Contractor, if it is academically-based, must seek other IRB approvals.

2. Evaluation of Contractor

Performance of the Contractor under this Agreement will be evaluated. The evaluation shall be prepared on Contract/Contractor Evaluation Sheet (STD 4), and maintained in the agreement file. For consultant agreements, a copy of the evaluation will be sent to the Department of General Services, Office of Legal Services, if it is negative and the contract amount is over \$5,000. (Reference: PCC 10369).

3. Conflict of Interest

Contractor acknowledges that state laws on conflict of interests, found in the Political Reform Act and Government Code section 1090, apply to this contract.

4. Disputes

If Contractor believes that there is a dispute or grievance between Contractor and the State arising out of or relating to this contract, Contractor shall first discuss and attempt to resolve the issue informally with ADP's Project Representative. If the issue cannot be resolved at this level, Contractor shall follow the following procedures:

- A. If the issue cannot be resolved informally with ADP's Project Representative, Contractor shall submit, in writing, a grievance report together with any evidence to ADP's OPG Deputy Director. The grievance report must state the issues in the dispute, the legal authority, or other basis for the Contractor's position and the remedy sought. Within 10 working days of receipt of the written grievance report from the Contractor, OPG Deputy Director shall make a determination on the problem, and shall respond in writing to the Contractor indicating the decision and reasons therefore. Should the Contractor disagree with OPG Deputy Director's decision, Contractor may appeal to the next level, following the procedure in "Disputes", paragraph B, set forth below.
- B. Contractor must submit a letter of appeal to ADP's Chief Deputy Director explaining why the Deputy Director's decision is unacceptable. The letter must include, as an attachment, copies of the Contractor's original grievance report, evidence originally submitted, the response from ADP's Project Coordinator and the decision of OPG Deputy Director. Contractor's letter of appeal must be submitted within 10 working days of the receipt of OPG Deputy Director's written decision. The Chief Deputy Director shall, within 20 working days of receipt of Contractor's letter of appeal, review the issues raised and shall render a written decision to the Contractor. The decision of the Chief Deputy Director shall be final.

5. Right To Terminate

ADP reserves the right to terminate this Agreement within 30 days written notice to the Contractor. Contractor may submit a written request to terminate this agreement only if ADP should substantially fail to perform its responsibilities as provided herein.

However, the Agreement can be immediately terminated for cause. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of the contract. In this instance, the contract termination shall be effective as of the date indicated on the ADP's notification to the Contractor.

This Agreement may be suspended or cancelled without notice, at the option of the Contractor, if the Contractor or ADP's premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.

6. Force Majeure

Except for defaults of subcontractors, neither party shall be responsible for delays or failures in performance resulting from acts beyond the control of the offending party. Such acts shall include but shall not be limited to acts of God, fire, flood, earthquake, other natural disaster, nuclear accident, strike, lockout, riot, freight embargo, public regulated utility, or governmental statutes or regulations super- imposed after the fact. If a delay or failure in performance by the Contractor arises out of a default of its subcontractor, and if such default of its subcontractor, arises out of causes beyond the control of both the Contractor and subcontractor, and without the fault or negligence of either of them, the Contractor shall not be liable for damages of such delay or failure, unless the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required performance schedule.

7. HIPAA Provision

If any of the work performed under this Contract is subject to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), the Contractor shall perform the work in compliance with all applicable provisions of HIPAA. ADP reserves the right to amend this Contract to assure compliance with HIPAA.

8. Computer Software

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this contract for the acquisition, operation or maintenance of computer software in violation of copyright laws.

9. Nondiscrimination in Service, Benefits, and Facilities

- A. Contractor will not discriminate in the provision of services because of race, color, creed, national origin, sex, age, sexual orientation, or disability as provided by state and federal laws.
- B. For the purpose of this contract, distinctions on the grounds of race, color, creed, national origin, sex, age, sexual orientation, or disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this contract; subjecting a participant to segregation or separate treatment in any matter related to his or her receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; treating a participant differently from others in determining whether he or she satisfies any admission, enrollment quota, eligibility, membership, or other requirement or condition which individuals must meet in order to be

provided any service or benefit; and, the assignment of times or places for the provision of services on the basis of the race, color, creed, national origin, sex, age, sexual orientation, or disability of the participants to be served.

- C. Contractor will ensure subcontractors provide services to intended beneficiaries without regard to race, color, national origin, sex, age, sexual orientation, or disability.
- D. Contractor agrees that complaints alleging discrimination in the delivery of services by the Contractor or his or her subcontractor because of race, color, national origin, creed, sex, age, sexual orientation, or disability will be resolved by ADP pursuant to Title 9, California Code of Regulations Chapter 6, commencing with Section 10800.
- E. Contractor shall post, in a manner accessible to service participants, information of their rights including the right to file a complaint alleging discrimination or a violation of their civil rights with ADP.
- F. Contractor shall operate the program or activity in such a manner that it is readily accessible to and usable by persons with disabilities pursuant to 45 Code of Federal Regulations (CFR), Parts 84, Section 84.21 and 84.22 and 28 CFR, Part 35, commencing with Section 35.101.
- G. Contractor shall keep records, and at the request of ADP, submit all required compliance reports, and permit state access to records in order that the State can determine compliance with the nondiscrimination requirements pursuant to 45 CFR, Parts 80, 84 and 90, Section 80.6, 84.61, and 90.42 and 28 CFR, Part 35, commencing with Section 35.101.

10. Event Locations

Select event locations that meet federal and State accessibility requirements for persons with disabilities. Note: event notices must include the following statement: "If you need a disability-related reasonable accommodation/alterative format for this event, please contact (name) at (phone number, Email address, and TDD number) by (a date up to two weeks prior to the event)." Contractor is responsible for providing, at Contractor's cost, any needed disability-related reasonable accommodations/alterative formats.

11. Publications – Alternative Formats

In accordance with the California Government Code Section 11135 and Title II, ADA requirements, publications that are made available through this contract must include the following statement: "This publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability." In addition,

publications must be made available in other languages if requested by a mono-lingual person. Contractor is responsible for providing the publication in alternative formats, at Contractor's cost.

12. Contract Product Review

- A. All contract products produced under this contract shall be developed in accordance with the requirements stated in the scope of work.
- B. Prior to release, ADP shall have the right to review products produced as a result of this contract and request changes to those products. Contractor shall use its best efforts to incorporate requested changes.

13. Contract Product Disclaimer/Credit Statements

- A. If requested by ADP, products, including published materials, reports, brochures, posters, videos, etc., developed or used as part of this contract, shall contain the following or similar disclaimer statement: "The opinions, findings, and conclusions herein stated are those of the authors and not necessarily those of the State of California, Department of Alcohol and Drug Programs, Office of Problem Gambling."
- B. If requested by ADP, products, including printed materials, reports, brochures, posters, videos, etc., developed or used as part of this contract, shall contain the following or similar credit line: "Support for this project has been provided by the State of California, Health and Human Services Agency, Department of Alcohol and Drug Programs, Office of Problem Gambling."

14. Rights in Data

- A. Subject Data. As used in this clause, the term "Subject Data" means writings, sound recordings, pictorial reproductions, drawings, designs or graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files and data processing or computer programs, and works of any similar nature (whether or not copyrighted or copyrightable) which are first produced or developed under this contract. The term does not include financial reports, cost analyses, and similar information incidental to contract administration.
- B. Federal Government and State Rights. Subject only to provisions of Section C below, the Federal Government and State of California may use, duplicate, or disclose in any manner and for any purpose whatsoever, and have or permit others to do so, all Subject Data delivered under this contract.

- C. License to Copyrighted Data. In addition to the Federal Government and State of California rights as provided in Section B above, with respect to any Subject Data which may be copyrighted, the Contractor agrees to and does hereby grant to the Federal Government and State of California a royalty-free, nonexclusive and irrevocable license throughout the world to use, duplicate, or dispose of such data in any manner for State of California or Federal Government purpose and to have or permit others to do so. Provided, however, that such license shall be only to the extent that the Contractor now has or prior to completion or final settlement of this contract may acquire, the right to grant such license without becoming liable to pay compensation to others solely because of such grant.
- D. Marking and Identification. Contractor shall mark all Subject Data with the number of this contract and the name and address of the Contractor or subcontractor who generated the data. The Contractor shall not affix any restrictive markings upon Subject Data, and if such markings are affixed, the Federal Government or State of California shall have the right at any time to modify, remove, obliterate, or ignore any such markings.
- E. Subcontractor Data. Whenever any Subject Data is to be obtained from a subcontractor under this contract, the Contractor shall use sections A, B, C, and D of this clause in the subcontract, without alteration, and no other clause shall be used to enlarge or diminish the Federal Government's or State of California's rights in that subcontractor Subject Data.
- F. Deferred Ordering and Delivery of Data. The Federal Government or State of California shall have the right to order at any time during the performance of this contract, or within two years from either acceptance of all items (other than data) to be delivered under this contract or termination of this contract, whichever is later, any Subject Data and any data not called for in the schedule of this contract but generated in performance of the contract, and the Contractor shall promptly prepare and deliver such data as ordered.

The Contractor shall exercise its best efforts to prepare and deliver such data as ordered. The Federal Government's or State of California's right to use data delivered pursuant to this paragraph shall be the same as the right in Subject Data as provided in Section B above. The Contractor shall be relieved of the obligation to furnish data pertaining to an item obtained from a subcontractor upon the expiration of two years from the date of acceptance of such items. When data, other than Subject Data, is delivered pursuant to this paragraph, payment shall be made, by equitable adjustments or otherwise, for converting the data into the prescribed form, reproducing it or preparing it for delivery. The terms of such payment shall be agreed upon in writing by the Contractor and the State of California and/or Federal Government, whichever ordered the production of the data.

15. Contract Product Rights and Licenses

Contractor shall use its best efforts to secure all rights and licenses necessary for the creation, production, or development of the products executed under this contract.

16. Prior Approval of Training Events/Conferences

Contractor will be required to obtain prior ADP approval of the locations, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training event, seminar, workshop, or conference and for any reimbursable publicity or educational materials to be made available for distribution. The Contractor shall acknowledge the support of the State whenever publicizing the work under the contract in any media. This requirement does not apply to necessary staff meetings to conduct routine business matters.

17. Subcontract Requirements

(Applicable to Agreements under which services are to be performed by subcontractors including independent consultants.)

- A. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing \$5,000 or more. Except as indicated in paragraph A(3) herein, when securing subcontracts for services exceeding \$5,000, the Contractor shall obtain at least three bids or justify a sole source award.
- (1) The Contractor must provide in its request for authorization, all particulars necessary for evaluating the necessity or desirability of incurring such cost.
 - (2) The State may identify the information needed to fulfill this requirement.
 - (3) Subcontracts performed by the entities or for the service types listed below are exempt from the bidding and sole source justification requirements:
 - (a) A local governmental entity or the federal government.
 - (b) A State college or university from any State.
 - (c) A Joint Powers Authority.
 - (d) An auxiliary organization of a California State University or a California Community college.
 - (e) A foundation organized to support the Board of Governors of the California Community Colleges.
 - (f) An auxiliary organization of the Student Aid Commission established under Education Code Section 69522.
 - (g) Entities of any type that will provide subvention aid or direct services to the public.

- (h) Entities and/or service types identified as exempt from advertising in State Administrative Manual, Section 1233, Subsection 3. View this publication at the following Internet address: <http://sam.dgs.ca.gov>.
 - (i) Entities whose name and budgeted costs have been submitted to ADP in response to a competitive Invitation for Bid or Request for Proposal.
- (4) Unless otherwise mandated by the funding agency (i.e., federal government), ADP may only pay the Contractor's overhead charges or indirect costs on the first \$25,000 of each subcontract.

B. Agreements with governmental or public entities and their auxiliaries, or a Joint Powers Authority

- (1) If the total amount of all subcontracts exceeds twenty-five percent (25%) of the total agreement amount or \$50,000, whichever is less and each subcontract is not with an entity or of a service type described in paragraph A(3) herein, ADP shall:
- (a) If applicable, obtain a certification from the prime Contractor indicating that each subcontractor was selected pursuant to a competitive bidding process requiring at least three bids from responsible bidders, or
 - (b) Obtain approval from the Secretary of the California Health and Human Services Agency to use said subcontracts.
- (2) When the conditions of B(1) apply, each subcontract that is not with a type of entity or of a service type described in paragraph A(3) herein, shall not commence work before ADP has obtained applicable prior approval to use said subcontractor. ADP shall inform the Contractor when ADP has obtained appropriate approval to use said subcontractors.

C. ADP reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this agreement.

- (1) Upon receipt of a written notice from ADP requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by ADP.

D. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) of \$5,000 or more are subject to the prior review and written approval of ADP. ADP may, at its discretion, elect to waive this right. All such waivers shall be confirmed in writing by ADP.

- E. Contractor shall maintain a copy of each subcontract entered into in support of this Agreement and shall, upon request by ADP, make said copies available for approval, inspection, or audit.
- F. Sole responsibility rests with the Contractor to ensure that subcontractors, used in performance of this Agreement, are paid in a timely manner. The timeliness of said payments may be affected by the timeliness of payments issued by ADP to the Contractor.
- G. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.
- H. When entering into a consulting service agreement with ADP, the Contractor may be required to supply budget detail for each subcontractor and/or each major subcontracted activity under this Agreement.
 - (1) Budget detail format and submission requirements will be determined by ADP.
 - (2) Methods of including budget detail in this Agreement, if applicable, will be determined by ADP.
 - (3) Any subcontractor budget detail displayed in this Agreement, or incorporated by reference, is included for information purposes only. Changes to a subcontractor's identity or budget detail shall not require the processing of a formal amendment to this Agreement.
- I. The Contractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.
- J. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:

"(Subcontractor Name) agrees to maintain and preserve, until three years after termination of (Agreement Number) and final payment from ADP, to permit ADP or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."
- K. Unless otherwise stipulated in writing by ADP, the Contractor shall be the subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.
- L. Contractor shall, as applicable, advise all subcontractors of their obligations pursuant the contract.

18. Domestic Partners Act

Pursuant to Public Contract Code Section 10295.3, no state agency may enter into any contract executed or amended after January 1, 2007, for the acquisition of goods or services in the amount of \$100,000 or more with a contractor who, in the provision of benefits, discriminates between employees with spouses and employees with domestic partners, or discriminates between domestic partners and spouses of those employees.

ATTACHMENT III

SAMPLE PROJECT WORK PLAN

1. PROGRAM GOAL: _____

2. OBJECTIVES	3. TASKS	4. PERFORMED BY WHOM	5. OUTCOME	6. TIME FRAME

ATTACHMENT IV

SAMPLE BUDGET FORMAT

BUDGET

PERSONNEL SERVICES

	<u>Salary Range</u>	<u># Months</u>	<u>Percent</u>	<u>Total</u>
	<u>Monthly/Hourly</u>	<u>or Hours</u>	<u>of time</u>	<u>Amount</u>
Position				
Classification	\$____ - \$____	_____	_____	\$_____
Position				
Classification	\$____ - \$____	_____	_____	\$_____
Position				
Classification	\$____ - \$____	_____	_____	\$_____
Fringe Benefits (____%)				\$_____
TOTAL PERSONNEL SERVICES				\$_____

OPERATING EXPENSES

Rent (\$____/sq. ft. x _____ sq. ft. x _____(time)	\$_____
Consultants (cost per hour/day and # of hours/days)	\$_____
Travel and per diem (Consultant)	\$_____
Travel and per diem (Staff)	\$_____
Telephone/FAX	\$_____
Postage	\$_____
Office Supplies	\$_____
Printing and Duplication	\$_____
Equipment (Rental, Use Allowance or Depreciation (list type of equipment)	\$_____
Subcontractor	\$_____
TOTAL OPERATING EXPENSES	\$_____
INDIRECT COSTS (____% x \$_____)	\$_____
TOTAL BUDGET	\$_____

NOTE: Line items listed are samples only. Bidder is to list those personnel and operating expenses needed to support their proposal.

ATTACHMENT V

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
TRAVEL AND SUBSISTENCE GUIDELINES
EFFECTIVE 3/29/02**

The travel reimbursement program continues to be subject to Internal Revenue Service (IRS) requirements for an accountable plan. There are no flat rate reimbursements. All items claimed are to be for the ACTUAL AMOUNT OF EXPENSE up to the maximum allowed. If the provisions below do not require submission of a receipt for a given item of expense, it is the employee's responsibility to retain receipts and other records of the expense and have them available for audit.

Lodging and meals that are either provided by the State, included in hotel expenses, conference fees, or transportation costs such as airline tickets, or otherwise provided, shall not be claimed for reimbursement.

TRAVEL BY PERSONAL AUTOMOBILE: Up to 34 cents per mile

Where public transportation is not available or is available only with an undue loss of time, mileage for your personal automobile is allowed. Where automobile travel is an option and there is adequate public transportation, travel allowance will be made based on the cost of the lowest rail, bus, air fare available in lieu of the automobile mileage.

There is NO CHANGE in the meal and incidental rates. Employees may be reimbursed for their ACTUAL EXPENSES for breakfast, lunch, dinner, and incidentals for each 24 hours of travel as follows:

Breakfast up to \$ 6.00
Lunch up to \$10.00
Dinner up to \$18.00
Incidentals up to \$ 6.00

NOTE: Incidental expenses include, but are not limited to, expenses for laundering and pressing of clothing, and tips for services such as porters and baggage handlers. Incidentals do not include taxicab fares, lodging taxes, or the costs of telegrams or telephone calls.

LODGING RECEIPTS

All lodging reimbursements require a receipt from a commercial lodging establishment such as a hotel, motel, bed and breakfast inn, or public campground that caters to the general public. No lodging will be reimbursed without a valid receipt. Employees who stay with friends or relatives are not eligible for lodging reimbursement, but may claim their actual expenses for meals and incidentals.

SHORT-TERM TRAVEL TIME FRAMES

A. For continuous short-term travel of MORE than 24 hours but less than 31 days, the employee will be reimbursed for actual costs up to the maximum for each meal, incidental, and lodging expense for each completed 24 hours of travel, beginning with the traveler's time of departure and return as follows:

1. On the first day of travel at the beginning of a trip of more than 24 hours:

Trip begins at or before 6 a.m. - Breakfast may be claimed.

Trip begins at or before 11 a.m. - Lunch may be claimed.

Trip begins at or before 5 p.m. - Dinner may be claimed.

2. On the fractional day of travel at the end of a trip of more than 24 hours:

Trip ends at or after 8 a.m. - Breakfast may be claimed.

Trip ends at or after 2 p.m. - Lunch may be claimed.

Trip ends at or after 7 p.m. - Dinner may be claimed.

If the fractional day includes an overnight stay, receipted lodging may be claimed. No meal or lodging expenses may be claimed or reimbursed more than once on any given date or during any 24-hour period.

For continuous travel of LESS than 24 hours, the employee will be reimbursed for actual expenses up to the maximum as follows:

Travel begins at or before	
6 a.m. and ends at or after 9 a.m.:	Breakfast may be claimed.
Travel begins at or before	
4 p.m. and ends at or after 7 p.m.:	Dinner may be claimed.

- B. If the trip extends overnight, receipted lodging may be claimed. No lunch or incidentals may be claimed on a trip of less than 24 hours.

RECEIPTS

Receipts or vouchers shall be submitted for every item of expense of \$25 or more.

- A. Receipts are required for every item of transportation and business expense incurred as a result of conducting state business except for ACTUAL EXPENSES as follows:
 - 1. Railroad and bus fares of less than \$25 when travel is wholly within the State of California.
 - 2. Street car, ferry fares, bridge and road tolls, local rapid transit system, taxi, shuttle or hotel bus fares, and parking fees of \$10 or less for each continuous period of parking or each separate transportation expense noted in this item.
 - 3. Telephone, telegraph, tax, or other business charges related to state business of \$5 or less.
 - 4. In the absence of a receipt, reimbursement will be limited to the non-receipted amount above.
- B. Reimbursement will be claimed only for the actual and necessary expenses noted above. Regardless of the above exceptions, the approving officer may require additional certification and/or explanation in order to determine that an expense was actually and reasonably incurred. In the absence of a satisfactory explanation, the expense shall not be allowed.

SHORT-TERM LODGING RATE

- A. Statewide, except as in (B) and (C) below, actual receipted lodging up to \$84 plus tax.
- B. When required to conduct State business and obtain lodging in the counties of Los Angeles and San Diego, reimbursement will be for actual receipted lodging to a maximum of \$110 plus tax.
- C. When required to conduct State business and obtain lodging in the counties of Alameda, San Francisco, San Mateo, and Santa Clara, reimbursement will be for actual receipted lodging to a maximum of \$140 plus tax.

ATTACHMENT VI**Sample Research and Evaluation Questions to Guide
Problem Gambling Prevalence Study**

Specific research questions to be addressed include, but are not limited to, the following questions posed:

1. What is the current prevalence of at-risk, problem and pathological gamblers within California's general adult population (18-64 years of age) and between genders, by age, ethnicity, geographic location, degree of alcohol or other drug use, employment status, household income, type of physical disability, by primary gambling venue, and by primary language used in day-to-day activities?
2. What is the current prevalence of at-risk, problem and pathological gamblers within California's adult population, 65 years of age or older, and between genders, by age, ethnicity, geographic location, degree of alcohol or drug use, employment status, household income, type of physical disability, by primary gambling venue, and by primary language used in day-to-day activities?
3. What is the current prevalence of non-gamblers and non-problem gamblers within California's general adult population (18-64 years of age and 65 years of age or older) and between genders, by age, ethnicity, geographic location, degree of alcohol or other drug use, employment status, household income, type of physical disability, by primary gambling venue if applicable, and by primary language used in day-to-day activities?
4. Are statistically significant relationships present between the following three identified adult groupings, at-risk, problem and pathological gamblers, and environmental factors?
5. Over the past 12-months, how frequent is the self-reported use of prescription drugs, specifically for sleep, pain relief, anxiety and depression, among each of the four identified adult groupings: nongamblers and non-problem, at-risk, problem and pathological gamblers?
6. What is the source(s) of funding (e.g., ATMs, bankcards, borrowing, redirecting funds from critical family budget items, etc.) that supports the individual's gambling activities?
7. At what age did the individual have his/her first gambling experience and what was the related gambling activity?
8. How many individuals report having someone within their immediate circle of family and friends that they believe has a gambling problem?

9. What is the gambling frequency, amount of funds gambled, funds lost, debt accumulated, and gambling venue among individuals, over the past year?
10. What is the level of individuals' awareness of a toll-free help line for problem gamblers and concerned others?
11. What is the individual's current level of involvement in treatment due to problem gambling and/or involvement in Gamblers Anonymous (12-step group)?
12. Which specific problem and pathological gamblers (by demographic characteristics) would likely take advantage of publicly funded problem gambling treatment if it was made available?
13. What particular perceived barriers do individuals report impeding or stopping them from seeking help due to problem gambling?
14. What suggestions does the individual provide to reduce or otherwise address problem gambling among families or communities?
15. What types of health, mental health, employment, financial, and interpersonal problems do individuals report having as resulting from their engagement in gambling?
16. How many years has the individual lived in the United States?